

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the following regulations:

# Health Department, City of Baltimore.

Permit No. 361 Office of Registrar of Vital Statistics. Ward 9<sup>4</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 13th/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Greeno Jeter

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 68 Years,        Months,        Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, { Give Street and Number. } 219 Liberty St

Cause of Death, { First (Primary), Second (Immediate), } Chronic Bronchitis

Duration of Last Sickness, About 4 months

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Congregation

Date of Burial, June 14th 1887

{ Undertaker, Evans & Spence St. Andrew M. D.

Medical Attendant.

{ Place of Business, 1000 E Balto St Address, 400 Cathedral St

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. **A 362** Office of Registrar of Vital Statistics. Ward **17<sup>2</sup>**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *June 13, 1884*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Joseph Altkusian*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *67* Years, *-* Months, *-* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *Cabinet Maker*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Howard & Co*

Duration of Residence in the City of Baltimore, *50 years*

Place of Death, { Give Street and Number. } *425 Johnson St*

Cause of Death, { First (Primary), Second (Immediate), } *Softening of the Brain*

Duration of Last Sickness, *1 year*

All the above information should be furnished by the Physician.

Place of Burial, *London Park*

Date of Burial, *June 16, 1884*

{ Undertaker, *Bernard Harle* } *Howard O. D. Ki* M. D. Medical Attendant.

{ Place of Business, *115 West St* } Address, *578 Kensington*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

# Health Department, City of Baltimore.

Permit No. **343**

Office of Registrar of Vital Statistics.

Ward **17**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 13<sup>th</sup> 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Amie Plack**

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, **28** Years, **6** Months,  Days.

Color, **White**

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Germany**

Duration of Residence in the City of Baltimore, **15 years**

Place of Death, { Give Street and Number. } **1207 Light**

Cause of Death, { First (Primary), Second (Immediate), } **Pneumo-Pneumonia**

Duration of Last Sickness, **5 weeks**

All the above information should be furnished by the Physician.

Place of Burial, **London Park**

Date of Burial, **June 15 1887**

{ Undertaker, **Bernard Harde** }

{ Place of Business, **115 West St.** }

Address, **104 Fort av**

**D. A. Cooke** M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

# Health Department, City of Baltimore.

Permit No. A 364 Office of Registrar of Vital Statistics. Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 12<sup>th</sup> 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. William Sanders.

Sex, Male or ~~Female~~, Cross out the word not required in this line. Male.

Age, 74 Years,      Months,      Days.

Color, Black.

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Cross out the words not required in this line. Married

Occupation, Butcher

Birth Place, State or country, and how long in the United States, if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, Give Street and Number. 1709 Mullikin St

Cause of Death, First (Primary), Infl. Rheumatism  
Second (Immediate), Dropsy

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 14<sup>th</sup> 1887

Undertaker, Com'n Duane

Place of Business, East St Address, Comm'l Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Duane Inspector



The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of

# Health Department, City of Baltimore.

Permit No. A 365 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 13, 1887  
Full Name of Deceased, John Mertel {Write legibly and spell correctly. If an Infant not named, give names of parents.  
Sex, Male or Female, Male {Cross out the word not required in this line.  
Age, \_\_\_\_\_ Years, \_\_\_\_\_ Months, 3 Days.  
Color, white  
Married, Single, Widow or Widower, single {Cross out the words not required in this line.  
Occupation, \_\_\_\_\_  
Birth Place, Baltimore City {State or country, and how long in the United States, if of foreign birth.  
Duration of Residence in the City of Baltimore, since born  
Place of Death, 1920 Gough St {Give Street and Number.  
Cause of Death, {First (Primary), 6 1/2 months fetus  
{Second (Immediate), premature birth  
Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, West Volby Burial Ground  
Date of Burial, June 14  
{ Undertaker, W. Lippert  
{ Place of Business, 157 S Bond Address, 1727 E. Balto. St J. G. Dausch M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. **A 366**

Office of Registrar of Vital Statistics.

Ward **1<sup>st</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, **June 15 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Reka Koehler**

Sex, **Male** or Female, { Cross out the word not required in this line. }

Age, **2** Years, — Months, **8** Days

Color, —

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

**Balto. Co.**

Duration of Residence in the City of Baltimore, **2 weeks**

Place of Death, { Give Street and Number. }

**Patuxen St. #**

Cause of Death, { First (Primary),

**Pneumonia**

Second (Immediate),

**Asphyxia**

Duration of Last Sickness, **12**

All the above information should be furnished by the Physician.

Place of Burial, **Baltimore Cem.**

Date of Burial, **June 15<sup>th</sup>**

Undertaker, **W. Dippel**

**A. S. Warner**

M. D.

Medical Attendant.

Place of Business, **330 S. Bond St.**

Address, **Bank & 2nd**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back.

# Health Department, City of Baltimore.

Permit No.

A 367

Office of Registrar of Vital Statistics.

Ward

13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, June 14 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Pien

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 3 Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, B. City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 3 mo

Duration of Residence in the City of Baltimore, 286 W. King St

Place of Death, { Give Street and Number. } Insurrection

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, June 15<sup>th</sup> 87

{ Undertaker, Sorrell & Hanby

{ Place of Business, 416 Cross St

Ross Ellis M. D.

Medical Attendant.

Address, 915 L. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. **A 368**

Office of Registrar of Vital Statistics.

Ward **4**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 14th, 1887.**

Full Name of Deceased, **Mitchell Dashiell.**

Sex, **Male** or Female, **Male**

Age, **84** Years, **0** Months, **0** Days.

Color, **White**

Married, **Single**, Widow or Widower, **Single**

Occupation, **Mariner**

Birth Place, **Maryland**

Duration of Residence in the City of Baltimore, **70 years**

Place of Death, **#215 Hisquith Street**

Cause of Death, **Old Age, Exhaustion**

Duration of Last Sickness, **0**

Place of Burial, **Baltimore Cemetery**

Date of Burial, **June 16th 1887**

Undertaker, **Lenny Mitchell**

Place of Business, **208 S Broadway**

Medical Attendant, **Samuel B. Powell, M. D.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



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The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on page

# Health Department, City of Baltimore.

Permit No. 369 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 14<sup>th</sup> 87

Full Name of Deceased, Caroline Leth {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1604 Lammale St.

Cause of Death, {First (Primary), Paralysis  
Second (Immediate), Apoplexy}

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 16<sup>th</sup> 1887

Undertaker, Wm Weaver } Miller M. D. Medical Attendant.

Place of Business, 738 N. Eutaw St Address, 639 Franklin St

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[OVER.]



# Health Department, City of Baltimore.

Permit No. A 370

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Jan 13<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mahmehna Mehage

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 24 Years, 0 Months, 0 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 217 Montgomery St.

Cause of Death, { First (Primary), Second (Immediate), } died suddenly - General Convulsions

Duration of Last Sickness, About 1 day

All the above information should be furnished by the Physician.

Place of Burial, New Catholic

Date of Burial, Jan 16

Undertaker, B. H. Hall

F. J. Verbsluis M. D.  
Medical Attendant.

Place of Business, 115 West H Address, 400 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]